PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

o: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

24197

7590

02/24/2010

KLARQUIST SPARKMAN, LLP 121 SW SALMON STREET SUITE 1600 PORTLAND, OR 97204

FILED VIA EFS

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/532,483 04/22/2005 FITLE OF INVENTION: METHOD FOR LEAK TESTING AN ENVIR			John A. Organiscak 6395-67118-05			8-05	4284
FITLE OF INVENTION	: METHOD FOR LEAK	TESTING AN ENVIRO	ONMENTAL ENCLOSUR				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1510	\$300	\$0		\$1810	05/24/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
ALEXANI	ER, LYLE	1797	436-003000				
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front page, list Klarquist Sparkman, I				
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isited, no name will be printed.				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
		A TO BE PRINTED ON	THE PATENT (print or type	·			
PLEASE NOTE: Un	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee	data will appear on the party a substitute for filing an	atent. If an assignerassignment.	ee is identified b	below, the do	ocument has been filed t
(A) NAME OF ASSI			(B) RESIDENCE: (CITY				
	of the United States of			Atlanta, Geo	raio		
	the Secretary of the De			•	•		. 🙃
lease check the appropr	iate assignee category or	Disease Control and Pr categories (will not be p	rinted on the patent):	Individual U Co	orporation or other	er private gro	up entity Governme
a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Plea	se first reapply an	ıy previously pa	id issue fee s	shown above)
XXIssue Fee		t	A check is enclosed.	1 - T PGIO - 8088			
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card Payment 2000 in the Indian Property of the Director is hereby authorized to charge the required foo(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form)				
Advance Order -	of Copies		overpayment, to Depo	sit Account Number	02-4550	_ (enclose ar	extra copy of this form)
	tus (from status indicate			an alaimia a CMAI	I ENTITY atom	us Sas 27 CE	ID 1 27(a)(2)
	s SMALL ENTITY state		b. Applicant is no long				
nterest as shown by the	records of the United Sta	ites Patent and Trademark	d from anyone other than to Office.	ic applically, a reg.		. "Воли, от н	
Authorized Signature		n (V)		Date _Apr	il 13, 2010	<u> </u>	
	e Jeffrey B. Ha		Registration No. 43,652				
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 (tiality is governed by 35 d application form to the ons for reducing this bufrignia 22313-1450. DO 13-1450.	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to to ONOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est y depending upon the indiv the Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 r idual case. Any co r, U.S. Patent and THIS ADDRESS	he public which in inutes to complemments on the a Trademark Offic S. SEND TO: Complement to the control of the	is to file (and lete, including amount of time, U.S. Depa mmissioner f	by the USPTO to proces g gathering, preparing, as the you require to comple truent of Commerce, P. or Patents, P.O. Box 145

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.